

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SUPPLEMENTAL TESTIMONY INTERESTED PERSONS Testate Estate	FILE NO.
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Estate of _____

*****USE THIS FORM ONLY IF A DEVISEE NAMED IN THE WILL OR CODICIL IS NOT AN HEIR OF THE TESTATOR*******NOTE: TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after Decedent in item 17 below.**

15. The names of all devisees named in the will and codicils who are not heirs of the decedent (include testamentary trustees and beneficiaries of testamentary trusts) are: _____

☐ 16. Of the devisees listed in 15, the following died before the decedent. Their name(s) and relationship(s) to the decedent are: _____

☐ 17. The following devisees died within 120 hours after the decedent. Their name(s), relationships to the decedent, and date and time of death are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

☐ 18. The following are descendants of the above predeceased devisees, who survived the decedent: _____

☐ 19. Class gifts in the will or codicils where the members are not specifically identified by name are as follows: _____

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☐ 20. The following devisees listed above are under legal disability. Their name(s), legal disability, and name of their representative are:

☐ 21. The following deceased devisees survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent his or her interests are:

☐ 22. The guardian ad litem for each devisee under the will and codicils who is unborn, unknown, or unascertainable is:

Subscribed and sworn to before me on _____ , _____ County, Michigan.

Date

My commission expires: _____

Date

Signature: _____

Judge/Deputy register/Notary public

Attorney signature

Name (type or print)

Bar no.

Address

City, state, zip

Telephone no.